# **FORM D**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D



# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering (  check if this is an amendment and name has changed, and indicate change.)  Senior Convertible Note Purchase
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) ULOE  Type of Filing:  New Filing Amendment
A. BASIC IDENTIFICATION DATA
Enter the information requested about the issuer
Name of Issuer (  check if this is an amendment and name has changed, and indicate change.) Golden Star Resources Ltd.
Address of Executive Offices (Number and Street, City, State, Zip Code) 10901 West Toller Drive, Suite 300 Littleton, CO 80127  (Number and Street, City, State, Zip Code) (303) 830-9000 (303) 830-9000
Address of Principal Business Operations (Number and Street, City, Start Scheme Number (Including Area Code) (if different from Executive Offices)
Brief Description of Business Gold Mining and Exploration MAY 0 6 2005
Type of Business Organization  ☐ limited partnership, already formed FINANCIAL ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed
Month Year  Actual or Estimated Date of Incorporation or Organization:  0 5   9 2  ⊠ Actual □ Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)   C   N

#### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for the sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDENT	TIFICATION DATA		
2. Enter the information re	equested for the fol	lowing:			
☐ Each promoter of the	he issuer, if the issu	er has been organized with	in the past five years;		
			ct the vote or disposition of,	10% or more of a clas	s of equity securities of the
<ul><li>☑ Each executive offi</li><li>☐ Each general and m</li></ul>			porate general and managing	g partners of partners	hip issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Ian MacGregor	, if individual):			·	
Business or Residence Add	lress (Number and	Street, City, State, Zip Cod	e):		
c/o Golden Star Reso	urces Ltd., 10901	West Toller Drive, Suite 3	00, Littleton, Colorado USA	A 80127-6312	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or  Managing Partner
Full Name (Last name first	, if individual):				
James E. Askew		_			
Business or Residence Add c/o Golden Star Reso	•		e): 00, Littleton, Colorado US.	A 80127-6312	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first David L. Bumstead	, if individual):				
Business or Residence Add	lress (Number and	Street, City, State, Zip Cod	e):		
	•	•	00, Littleton, Colorado US.	A 80127-6312	
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual):				
Business or Residence Add	Iress (Number and	Street, City, State, Zip Cod	e):		
c/o Golden Star Reso	urces Ltd., 10901	West Toller Drive, Suite 3	00, Littleton, Colorado US.	A 80127-6312	
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first Michael P. Martinea	•				
Business or Residence Add	iress (Number and	Street, City, State, Zip Cod	e):		
c/o Golden Star Reso	urces Ltd., 10901	West Toller Drive, Suite 3	00, Littleton, Colorado US	A 80127-6312	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first Peter J. Bradford	, if individual):				
	dress (Number and	Street, City, State, Zip Cod	e):		
	•	•	600, Littleton, Colorado US	A 80127-6312	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual):				
Allan J. Marter					
Business or Residence Add	iress (Number and	Street, City, State, Zip Cod	e):		
c/o Golden Star Reso	ources Ltd., 10901	West Toller Drive, Suite 3	00, Littleton, Colorado US	A 80127-6312	

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual):				
Richard Q. Gray					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Cod	e):		
c/o Golden Star Resou	rces Ltd., 10901	West Toller Drive, Suite 3	00, Littleton, Colorado USA	A 80127-6312	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual):				
Bruce Higson-Smith					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Cod	e):		
c/o Golden Star Resou	rces Ltd., 10901	West Toller Drive, Suite 3	00, Littleton, Colorado USA	4 80127-6312	
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Douglas A. Jones					
Business or Residence Addre c/o Golden Star Resou	`	•	e): 600, Littleton, Colorado US	A 80127-6312	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

				B. II	NFORMAT	TION ABO	UT OFFEI	RING				
1 11				عالمم معالي		مرسدا لارمانات		. Comin and				Yes No □ ⊠
1. Has the	e issuer sold	, or does the				umn 2, if fil			•••••			
2. What is	s the minim	um investm	ent that will	be accepte	d from any	individual?	••••••	•••••		••••••		\$ <u>N/A</u>
3. Does th	ne offering p	permit joint	ownership (	of a single ι	ınit?							Yes No ⊠ □
1 Enter t	he informati	on requeste	d for each n	ercon who k	ne been or v	vill be poid.	or given di	ectly or ind	irectly ony	commission	or cimilar	
remune person	eration for so or agent of a ve (5) person	olicitation o a broker or o	f purchasers lealer regist	in connect: ered with th	ion with sale e SEC and/e	es of securit or with a sta	ies in the of te or states,	fering. If a plist the nam	person to be e of the brol	listed is an a ker or dealer	ssociated . If more	
Full Name	(Last name	first, if indi	vidual)		-							
Business of	r Residence	Address (N	Number and	Street, City	, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler							110 10 10 10 10		<u></u>
	hich Persor											
(Check	"All States	" or check i	ndividual S	tates)								☐ All States
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[ RI ]	[ SC ]	[ SD ]	[TN]	[ TX ]	[UT]	[VT]	[VA]	[WA]	[WV]	[ WI ]	[WY]	[ PR ]
Full Name	(Last name	first, if indi	vidual)	·		,						
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler									
	hich Person								-			☐ All States
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[ IL ] [MT]	[IN]	[ IA ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[ MI ]	[MN]	[MS]	[MO]
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	(Last name			[ * * * ]	[0.]		[ , , , ]	[,,,,,]	[" ']	[ (123	[,, 7]	
Rusiness o	r Residence	Address (1	Number and	Street City	v State Zin	Code)						
	ssociated B											
	/hich Persor "All States						•••••					☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[ HI ]	[ ID ]
[ IL ]	[ IN ]	[ IA ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[ NJ ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	IUTI	IVTI	[VA]	[WA]	iwvi	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggrega Offering I			Amount eady Sold
	Debt	\$		\$	
	Equity				
	□ Common □ Preferred				
	Convertible Securities (including warrants)				
	Partnership Interests				
	Other (Specify)				
	Total	\$ 50,000	<u>,,000</u>	\$ <u>_</u> 5	<u>0.000,000</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Numbe Investo		Doll	ggregate ar Amount Purchases
	Accredited Investors	1		\$ 50	.000.000
	Non-accredited Investors				
	Total (for filings under Rule 504 only)				
	Answer also in Appendix, Column 4, if filing under ULOE.			- ~	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering	Type o Securit		Doll	ar Amount Sold
	Rule 505			. \$ <u></u>	
	Regulation A			\$	
	Rule 504			. \$	
	Total			. \$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		П	•	
	Printing and Engraving Costs				
	Legal Fees (includes reimbursement of purchaser's legal fees)				
	Accounting Fees				
	Engineering Fees				
	Sales Commissions (specify finders' fees separately)				
	Other Expenses (identify) (financial consulting fee, commitment fee)			\$	875,000
	Total		X	\$	1,065,000

	b. Enter the difference between th total expenses furnished in respons proceeds to the issuer."	e to Part C - Que	stion 4.a. This	difference in the "adjuste	ed gross			\$	48,935,000
5.	Indicate below the amount of the acused for each of the purposes show estimate and check the box to the lequal the adjusted gross proceeds tabove.	n. If the amount eft of the estimate	for any purpose. The total of t	e is not known, furnish a he payments listed must	n				
						Payments to Officers, Directors, & Affiliates		P	ayments To Others
	Salaries and Fees							\$	
	Purchase of real estate					\$		\$	
	Purchase, rental or leasing and			=		\$		\$	
	Construction or leasing of plan	-				\$		\$	48,935,000
	Acquisition of other businesses that may be used in exchange f merger)	or the assets or se	curities of anot	her issuer pursuant to a		\$		\$	
	Repayment of indebtedness		\$		\$				
	Working capital	••••••	····	***************************************	🗆	\$		\$	N
	Other (specify):								
						\$		\$	
	Column Totals							\$	48,935,000
	Total Payments Listed (column	n totals added)		************************************		□ \$_	48,9	35,000	0
	·	ŕ							_
			D FEDER	AL SIGNATURE					
			D. PEDERA	AL SIGNATURE					
igi	e issuer has duly caused this notice to nature constitutes an undertaking by formation furnished by the issuer to a	the issuer to fur	nish to the U.S	. Securities and Exchan	ge Comm	nission, upon writ	ten re	quest	of its staff, th
lss	uer (Print or Type) Golden Star Resources, Ltd.	Signature	Dage 6	alm	Date	April 29, 2005			
Na	me of Signer (Print or Type)  Roger Palmer	Title of Signe Controlle	r (Prust or Type	)			**	_	

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)